



Illinois Department of Healthcare and Family Services
2946 Old Rochester Road
Springfield, Illinois 62703-5659
E-Mail Address: <http://www.hfs.illinois.gov/forms/>
Fax Number: (217) 557-6800

Please note that claims may be submitted through the department's Medical Electronic Data Interchange, Internet Electronic Claims (MEDI/IEC) System at: <http://www.myhfs.illinois.gov> This electronic feature allows providers to submit claims directly to the department through Internet browser software with no additional hardware or software.

PROVIDER FORMS REQUEST

TYPE OR PRINT ALL ENTRIES

ORDER REQUEST DATE: _____ PROVIDER MEDICAID NUMBER: _____

PROVIDER NAME: _____

STREET ADDRESS: _____ **(CANNOT DELIVER TO POST OFFICE BOX)**

CITY/STATE/ZIP: _____ PHONE #: (____) ____ - _____ ATTENTION OF: _____

PROVIDER E-MAIL ADDRESS: _____ (Optional)

Enter the quantity of the forms being requested in increments of 100. Please be sure to indicate the total number of individual forms or envelopes needed in the Quantity column, not the number of boxes, cases or packages.

<u>HFS Form Number:</u>	<u>QUANTITY:</u>	<u>Envelope Number:</u>	<u>QUANTITY:</u>
215CF Drug Invoice, (Continuous Feed Format)	_____	824MCR Medicare Crossover	_____
1409 Prior Approval Request	_____	1414 Special Approval	_____
1443 Provider Invoice, (Single Sheet)	_____	1415 Drug Invoice	_____
1443CF Provider Invoice, (Continuous Feed Format)	_____	1416 Adjustments	_____
2209 Transportation Invoice, (Single Sheet)	_____	1444 Provider Invoice Envelope	_____
2209CF Transportation Invoice, (Continuous Feed Format)	_____	2244 Transportation Invoice	_____
2210 Medical Equipment / Supplies Invoice, (Single Sheet)	_____	2246 Health Agency Invoice	_____
2210CF Medical Equipment / Supplies Invoice, (Cont. Feed Format)	_____	2247 Medical Equipment Supplies	_____
2211 Laboratory / Portable X-Ray Invoice, (Single Sheet)	_____	2248 NIPS Special Invoice Handling	_____
2211CF Laboratory / Portable X-Ray Invoice, (Cont. Feed Format)	_____	2294 Equip/Supplies Prior Approval	_____
2212 Health Agency Invoice, (Single Sheet)	_____	2300 Prior Approval Request	_____
2212CF Health Agency Invoice, (Continuous Feed Format)	_____	<u>Additional Forms Needed, Not Listed Above:</u>	
2360 Health Insurance Claim Form, (Single Sheet)	_____	_____	_____
2360CF Health Insurance Claim Form, (Continuous Feed Format)	_____	_____	_____
3797 Medicare Crossover Invoice (Single Sheet)	_____	_____	_____
3797CF Medicare Crossover Invoice, (Continuous Feed Format)	_____	_____	_____

Submit this form either by E-Mail, Fax, or mail to the address listed above.